## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

| 04773515 |
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| CLAIMS AS FILED - PART I (Column 1)   |   |   |   |                      | (Column 2)                       |                  |         | SMALL ENTITY TYPE |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|---|---|---|---|----------------------|----------------------------------|------------------|---------|-------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |                                  |                  | ſ       | RATE              | FEE                    | ···[    | RATE                       | FEE                    |  |
| FOR   |   |   | NUMBER FILED                            |                      | NUMBER EXTRA                     |                  |         | BASIC FEE         | 355.00                 | OR      | BASIC FEE                  | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | /9 - minus 20=                          |                      | • 0                              |                  |         | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |   |   | 2 - minus 3 =                           |                      | • 1                              |                  |         | X40=              | _                      |         | X80=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |   |                      |                                  |                  |         |                   |                        | OR      |                            |                        |  |
|   |   |   |   | - #OP in a           | aluma 0                          | ٥                | +135=   |                   | OR                     | +270=   |                            |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |   |   |   |                      |                                  |                  |         | TOTAL             |                        | OR      | TOTAL                      | 710                    |  |
|   | CLAIMS AS AMENDED - PART II 8//8/0 (Column 1) (Column 2) (Column 3)   |   |   |                      |                                  |                  |         |                   | NTITY                  | OR      | OTHER<br>SMALL I           |                        |  |
| MA  |   | CLAIMS REMAINING AFTER AMENDMENT          |   | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total   | . 19.                                     | Minus                                   | 6                    | 20_                              | =                | _       | X\$ 9=            | ·<br>-                 | OR      | X\$18=                     | ·                      |  |
|   | Independent   | - 3                                       | Minus -                                 | 2                    | <u>}</u>                         | =                |         | -X40=-            |                        | OR      | X80=-                      | :                      |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                      |                                  |                  |         | +135=             |                        | OR      | +270=                      |                        |  |
|   | •   |   |   |                      |                                  |                  |         |                   |                        | OR      | TOTAL                      |                        |  |
|   |   | (Column 1)                                |   | (Coli                | ımn 2)                           | (Column 3        |         | ADDIT. FEE        |                        |         | ADDIT, FEE                 |                        |  |
| AMENDMENT B   |   | CLAIMS REMAINING AFTER AMENDMENT          |   | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>HOUSLY<br>D FOR  | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| OME   | Total   | •   | Minus                                   | ••                   |                                  | = .              | 1       | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
| MEN   | Independent   | •   | Minus                                   | ***                  |                                  | = '-             |         | X40=              |                        | OR      | X80=                       |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                      |                                  |                  |         | +135=             |                        | OR      | +270=                      |                        |  |
| Best Available Copy   |   |   |   |                      |                                  |                  |         | TOTAL             |                        | OR      | TOTAL                      |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |   |                      |                                  |                  |         |                   |                        |         |                            |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NU<br>PREV           | HEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA | 7       | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | •   | Minus                                   | **                   |                                  | <b>B</b>         |         | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
|   | Independent   | •   | Minus                                   | ***                  |                                  | 3                |         | X40=              |                        | OR      | X80=                       |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                      |                                  |                  |         | +135=             |                        | 1       |                            |                        |  |
| to the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |   |                      |                                  |                  |         |                   |                        | OR      | TOTAL                      | <del> </del>           |  |
|   | "If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |   |   |                      |                                  |                  |         |                   |                        |         |                            |                        |  |
|   | The "Highest Nur  | mber Previously F                         | Paid For (Total                         | or indepe            | ndent) is ti                     | ne highest num   | noer 10 | anua iu tue at    | propriate bo           | OX IN C | oumn 1.                    |                        |  |